

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

64/670 734  
APPLICANT(S)

FILING DATE

09-29-00

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/	/				
2	/						52	/	/				
3	/						53	/	/				
4	/						54	/	/				
5	/						55	/	/				
6	/						56	/	/				
7	/						57	/	/				
8	/						58	/	/				
9	/						59	/	/				
10	/						60	/	/				
11	/						61	/	/				
12	/						62	/	/				
13	/						63	/	/				
14	/						64	/	/				
15	/						65	/	/				
16	/						66	/	/				
17	/						67	/	/				
18	/						68	/	/				
19	/						69	/	/				
20	/						70	/	/				
21	/						71	/	/				
22	/						72	/	/				
23	/						73	/	/				
24	/						74	/	/				
25	/						75	/	/				
26	/						76	/	/				
27	/						77	/	/				
28	/						78	/	/				
29	/						79	/	/				
30	/						80	/	/				
31	/						81	/	/				
32	/						82	/	/				
33	/						83	/	/				
34	/						84	/	/				
35	/						85	/	/				
36	/						86	/	/				
37	/						87	/	/				
38	/						88	/	/				
39	/						89	/	/				
40	/						90	/	/				
41	/						91	/	/				
42	/						92	/	/				
43	/						93	/	/				
44	/						94	/	/				
45	/						95	/	/				
46	/						96	/	/				
47	/						97	/	/				
48	/						98	/	/				
49	/						99	/	/				
50	/						100	/	/				
TOTAL IND.							TOTAL IND.	7					
TOTAL DEP.							TOTAL DEP.	22					
TOTAL CLAIMS							TOTAL CLAIMS	29					